

PART I

MORRIS

NAME(Last)

LOBBYIST

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWA!! LTATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM (Type or Print Clearly)

(First) (Middle) TELEPHONE GEORGE "RED" A. 808/531-4551

MAILING ADDRESS (Street) FAX

222 SOUTH VINEYARD STREET, SUITE 401 808/533-4601

(City) (State) (Zip Code)

HONOLULU HAWAII 96813-2453

EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** 808/531-4551 CAPITOL CONSULTANTS OF HAWAII

MAILING ADDRESS (Street) FAX

222 SOUTH VINEYARD STREET, SUITE 401 808/533-4601

(City) (State) (Zip Code)

HONOLULU HAWAII 96813-2453

DADT II					
PART II ORGANIZATION NAME OF ORGANIZATION YOU	TELEPHONE 808-791-3030				
PACIFIC LIGHTNET COMMUNICATIONS					
MAILING ADDRESS (Street)	FAX 808-791-3119				
737 BISHOP STREET, SUITE 190					
(City)	(State)	(Zip Code)			
HONOLULU	HAWAII	96813-2453			
NAME OF PERSON RESPONSIBLE I	TELEPHONE 808-531-4551				
MELODY BUTAY DACANAY					
MAILING ADDRESS (Street)	FAX 808-533-4601				
222 SOUTH VINEYARD STREET	, SUITE 401				

(City)		(State)	(Zip C	(Zip Code)		
HONOLULU		HI	9681	96813-2453		
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
[] [x] []	Agriculture Communications & Public Utilities Consumer Protection & Commerce Culture, Arts, Historic Preservation Ecology, Energy Environmental Protection	[] Education [] Government Operations & Finance [] Hawaiian Affairs [] Health [X] Housing	 [] Human Services [] Intergovernmental Relations International Affairs [] Labor & Employment [] Planning, Land & Water Use Management [] Public Safety & Corrections 	[] Science, Technology & Economic Development , [] Tourism & Recreation [] Transportation [] Other: (indicate below)		
PART IV CERTIFICATION OF LOBBYIST I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete. (Signature of Lobbyist) (Date)						
PAF	RT V AUTHORIZATIO	N TO LODDY				
NAM		IN TO LOBB!	TITLE OF AUTHORIZING OFF	ICER OR PERSON REPRESENTED		
РАТ	PATRICK BUSTAMANTE PRESIDENT, COO					
NAME OF ORGANIZATION (if applicable)		TELEPHONE 808-791-1000				
PACIFIC LIGHTNET COMMUNICATIONS						
MAIL	ING ADDRESS (Street)			FAX 808-791-3119		
737 E	BISHOP STREET, SUITE 190	00				
	(City)	(State)	(Zip C	ode)		
	HONOLULU	HAWAII	96813	-2453		
	I hereby authorize the	above - named person to enga ture of Authorizing Officer or Person		pehalf of the undersigned. 4- / 4- gs (Date)		
	(Signa					